TRAVEL EXPENSE CLAIM

See Instructions and Privacy

	REV. 10/92)				Statemer	nt on Rev					Page	1	of	1
CLAIMANT						SSAN OR EM	IPLOYEE NUM	IBER		DEPARTME				
Matther	w David		*	CB/ID NUMBE	R	DIVISION OR	BUREAU			Govern	or's Offic	e INDEX NUMB	ER	
2 20 200	Chief of	Staff				Commu	nications							
RESIDENCE	Chief of	Staff					ERS ADDRES	S	April 1			TELEPHONE	NUMBER	
						State Ca	pitol							
CITY		STATE		ZIP		CITY				STATE			ZIP	
						Sacrame	ento			Californ	nia		95814	
/	10				MEALS			(TF	RANSPORTAT	ION			
MONT	THYEAR ()	LOCATION								CARFARE,			BUSINESS	TOTAL
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF	TYPE USED	TOLLS,	MILES	CAR USE AMOUNT	EXPENSE	EXPENSES FOR DAY
DATE	1,2	Sac -	1			-								TOK BAT
26-May	5:00 PM	LA	168.68	-		18.00		28.00				0.00		214,68
27-May	11:45 A	LA > SMF		3.29			6.00	234.85				0.00		244.14
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0,00		0.00
			<u> </u>											
												0.00		0.00
												0.00		0.00
			-									0,00		0.00
												0.00		0.00
			-	-								0.00		0,00
		OTALS	168.68	3.29	0,00	18.00	6.00	262.85	0.00	0.00	0	0.00	0.00	
COLUMI	N CODE (ACCTG. USE ONL	Y)	数数量		是學家		2000年	\$42.50E		5 86.50	豐倉區等	Mary 43	5,865,83
	CLAIM	TOTAL											\$45	8.82
PURPOS	SE OF TR	IP, REMARKS AND	DETAILS	S (Attach r	eceipts w	hen requir	ed)				NORMAL	WORK HO	JRS	
NBC ba	acklot tou	ır.								-	DDIV/ATE		IOENGE N	UMBED
										•	PRIVATE	VEHICLE L	ICENSE N	UIVIDER
						M200 11202			30 23 50 436	<u>.</u> :	MILEAGE	RATE CLA	IMED	
				100000000000000000000000000000000000000							0.445			
					-						拉克克斯斯	CY ACCO		OFFICE
		at the above is a true stat										USE	ONLY	
1		owned vehicle was used a								equal to or	PAID BY	REVOLVING I	FUND CHECK	NUMBER /
		med, and that I have met	the requireme	ents as presci	ribed by SAM	1 Sections 07	50, 0751,075	2, 0753 and	0754			H1	102	1
	SIGNATURE	ely and seat belt usage.			DATE		SIGNATURE	OF OFFICER	APPROVING	TRAVEL AND	PAYMENT		DATE	,
		~										19	6/2	3/10
SIGNATURE	OF TITLE OF	AUTHORITY	- EXPENSES							<u> </u>	(*)		DATE	7/0
		en e												
l												100	l	

	EL EXI REV. 10/92)					nt on Rev	nd Privac erse Side	-			Page	1	of	1/
CLAIMANT'S						SSAN OR EN	APLOYEE NUM	MBER		DEPARTME	NT		35-30	
Matthey Position	w David			CB/ID NUMB	ER	DIVISION OR	BUREAU			Govern	or's Offic	e INDEX NUME	BER	
Deputy	Chief of	Staff				Commu	nications					(6)		
RESIDENCE	ADDRESS						TERS ADDRES					TELEPHONE	NUMBER	
CITY		STATE		ZIP		State Ca	pitol			STATE			ZIP	
0111				-		Sacramento				Californ	nio		95814	
	·			1	MEALS	Joueranne	I		TF	RANSPORTAT			93014	
монт	WEAR	LOCATION								CARFARE,	T		BUSINESS	TOTAL
\mathcal{L}	110	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENSES
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
3-Jun	6:00 AM	SAC > LA		6.00				221.86		/ 9.00	24	12.00		248.8
	£.											0.00	1000	0.0
										3333				0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
						,								0.00
												0.00		0.00
											-	0.00		0.00
												0.00		0.00
												0.00		0,00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
	SUBT	OTALS.	0.00	6.00	0.00	0.00	0.00	221.86	0.00	9,00	24	12.00	0.00	
COLUMN		CCTG. USE ONLY		PARTE N		37574	V.00	ACALLE.	0.00	5,00	24 (4)	12.00	0.00	NAME OF
	CLAIM	TOTAL											\$24	8.86
PURPOS		P, REMARKS AND	DETAILS	(Attach re	eceipts wh	nen require	ed)				NORMAL V	NUBK HUI		0.00
		me Home		C			/					TORRETIO	///C	
											PRIVATE \	/EHICLE LI	CENSE NU	JMBER
											MILEAGE I	RATE CLAI	MED	
											0.5			American Services
						**************************************					AGENO	Y ACCOL		OFFICE
	ERTIFY, Tha	t the above is a true state										USE		
		umad vahiala waa waad a				a. I centify the	cost of the or	perating the v	enicie was e		PAIN RV			HIMDED
California If	8 8 70 90	wned vehicle was used an						9 98 85/200		quar to b,	- A.D.D.	NEVOLVING P	UND CHECK N	/
California If	the rate clain	wned vehicle was used an ned, and that I have met the y and seat belt usage.						9 98 85/200		qua, 10 0,	8	4/1	000 CHECK N	/

SIGNATURE OF TITLE OF AUTHORITY

TRAV	EL EXI	PENSE CLAIM	1				nd Privac							
STD. 262 (I	REV. 10/92) S NAME				Stateme		PLOYEE NUM			DEPARTME	Page	1	of	
Matther	w David							10000 C)			or's Offic	20		
POSITION				CB/ID NUMBI	ER	DIVISION OF	RBUREAU			or s Offic	INDEX NUME	IER		
Deputy	Chief of	Staff				Commu	nications				THE P. LEWIS CO., LANSING, MICH.			
RESIDENCE	ADDRESS						TERS ADDRES	SS		Name (Sec.		TELEPHONE	NUMBER	
CITY		STATE		ZIP		State Ca	apitol			STATE			ZIP	
	38					Sacrame	ento			Californ	nia		95814	
				T T	MEALS	1			TI	RANSPORTAT			75014	T
(MP)	HARA	LOCATION								CARFARE,			BUSINESS	TOTAL
W	WHERE EXPENSES LODGING					INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENSES	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
9-Jun	1:00PM	Washington DC	303.42									0,00		303.42
10-Jun		Los Angeles	184.64				6.00					0.00		0.00
11-Jun	1:00 PM	Los Angeles					6.00	240.50				0.00		246.50
												0,00		
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00	-	0.00
	SUBTO	OTAL S	488.06	0.00	0.00	0.00	12.00	240.50	0.00	0.00		0.00		0.00
COLUMN		ACCTG. USE ONLY		0.00	0.00	0.00	12.00	240.50	0.00	0.00	0	0.00	0.00	W A.M.
	CLAIM	TOTAL											\$54	9.92
		P, REMARKS AND Editorial Board,						dering"			NORMAL \	WORK HOL	JRS	
	,										PRIVATE	/EHICLE LI	CENSE NI	JMBER
	-										MILEAGE	RATE CLAII	MED	
											0.445			
											AGENO	Y ACCOL	UNTING C	OFFICE
HEREBY C	ERTIFY, The	at the above is a true state	ment of the tr	avel expense	s incurred b	y me in accor	dance with DF	A rules in th	e service of t	he State of		USE	ONLY	
		wned vehicle was used ar						955		qual to or	PAID BY	REVOLVING F	UND CHECK N	NUMBER
		ned, and that I have met the y and seat belt usage.	ne requiremen	nts as prescrit	bed by SAM	Sections 075	0, 0751,0752	, 0753 and 0	754		2	411	104	/
CLAIMANT'S	- I will be a second of	***************************************		ľ	DATE		SIGNATURE	E UEFICED *	DDD0:****		*YMENT		DATE /	1
			2 .										Gr.	3/10
SIGNATURE	OF THE UP A		ESES									,	DATE	1

		PENSE CLAIN	VI				nd Privac							/		
CLAIMANT	(REV. 10/92) 'S NAME				Stateme		Verse Side			DEPARTM	Page	= 1	of	1_		
Matthe	w David									Govern	rnor's Office					
	Chief of	F C+- CC		CB/ID NUMB	ER	DIVISION OF				INDEX NUMBER						
RESIDENCE	Chief of	Staff					inications			TELEPHONE NUMBER						
						State Ca	apitol				TEEEPHONE NOMBER					
CITY		STATE		ZIP		CITY				STATE		<u> </u>	ZIP			
						Sacramento C					nia	95814				
, won	MONTH/YEAR LOCATION				MEALS				T T	CARFARE		-				
10	10	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	Commission and the second	CAR USE	BUSINESS	TOTAL		
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY		
15-Jun	7:00 PM	Los Angeles	283.86					88.00						371.80		
16-Jun		New York	405.12	6.00			6.00					0.00		417.12		
17-Jun		New York	405.12		4,36		6.00					0.00		415.48		
18-Jun	10.45 PM	NY > SAC			10.00	6.86	6.00	488.20				0.00		511.06		
												0.00		0.00		
												0.00		0.00		
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												0.00		0.00		
					34			ii.		-		0.00		0.00		
	SUBTO	DTALS	1,094.10	6.00	14.36	6.86	18.00	576.20	0.00	0.00			0.00	0.00		
COLUMN	CODE (A	CCTG. USE ONLY		和红旗	A. 7.2		10.00	370,20	0.00	0.00	U	0,00	0.00			
	CLAIM												\$1,71	5.52		
		P, REMARKS AND Stars, AB32 Mee		(Attach re	ceipts wh	en require	ed)				NORMAL V	VORK HOU	RS			
		,	85								PRIVATE V	EHICLE LIC	CENSE NU	MBER		
		<u> </u>									MILEAGE F	PATE CLAIN	AED.			
											0.5	ONTE CEAM	ileo			
											AGENC	Y ACCOU	NTING O	FFICE		
		t the above is a true state								6900		USE O	NLY			
		wned vehicle was used ar								jual to or	PAID BY	REVOLVING FU	ND CHECK N	JMBER		
		ed, and that I have met the and seat belt usage.	ne requiremen	ts as prescrib	ed by SAM S	ections 0750	0, 0751,0752,	0753 and 07	54		2	411	าป			
LAIMANT'S S		y and seat belt usage		D	ATE	Is	SIGNATURE OF	F OFFICER AF	PPROVING		AYMENT	1 16	ATE .			
	4										KIMEN!	٥	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3/60		
IGNATURE O	F TITLE OF A	UTHORITY FOR SPECIAL E	-XYENSES				-					D	ATE	710		